

# Multi-year framework

- During the summer of 2016, the SEBC created a multi-year strategic framework aimed at tackling several goals for the GHIP<sup>1</sup>
- Items were organized as potential considerations to attain the stated goals
- Highlighted below are broader categories for which the recent topics were derived for SEBC consideration (Centers of Excellence, Site-of-Care Steerage, etc.)
- This framework will continue to be utilized as a tool to provide guidance for the SEBC, and will be modified to the extent new ideas or approaches are to be considered

Approved and Voted on by SEBC, December 2016

Goal	To prepare for 2018 and beyond (7/1/16 – 6/30/2017)	To prepare for 2019 and beyond (7/1/17 – 6/30/2018)	To prepare for 2020 and beyond (7/1/18 – 6/30/2019)
Addition of at least 1 value-based care delivery (VBCD) model by end of FY2018	<ul style="list-style-type: none"> <li>Evaluate local provider capabilities to deliver VBCD models via medical third party administrator (TPA) RFP</li> <li>State-sponsored Health Clinic Request for Information (RFI)</li> <li>Implementation of VBCD models from RFP (including COEs)</li> <li>Evaluation of clinical data to implement more value-based chronic disease programs</li> <li>Promote medical plan TPAs' provider cost/quality transparency tools</li> </ul>	<ul style="list-style-type: none"> <li>Implementation of VBCD models from RFP (including COEs)</li> <li>Look for leveraging opportunities with the DCHI and DHIN to partner on promotion of value based networks (including APCD initiative)</li> <li>Identify opportunities to partner and encourage participation in VBCD models using outside vendors, TPAs and DelaWELL</li> <li>Educate GHIP population on other provider quality tools from CMS, Health Grades, Leapfrog, etc.</li> </ul>	<ul style="list-style-type: none"> <li>Continue to monitor and evaluate VBCD opportunities</li> </ul>
Reduction of gross GHIP medical and prescription drug trend by 2% by end of FY2020	<ul style="list-style-type: none"> <li>Negotiate strong financial performance guarantees</li> <li>Select vendor(s) with most favorable provider contracting arrangements</li> <li>Select vendor(s) that can best manage utilization and population health</li> <li>Evaluate bidder capabilities surrounding Centers of Excellence via medical TPA RFP</li> <li>Educate GHIP members on the importance of preventive care and the State's preventive care benefits (covered at 100% in-network)</li> <li>Evaluate vendor capabilities surrounding UM/DM/CM* via medical TPA RFP</li> <li>Evaluate feasibility of reducing plan options and/or replacing copays with coinsurance*</li> <li>Educate GHIP members on lower cost alternatives to seek care outside of the emergency room (i.e., telemedicine, urgent care centers, retail clinics)</li> <li>Evaluate incentive opportunities through incentive-based activities and/or challenges</li> <li>Change certain plan inequities, e.g., double state share and Medicaid subsidy*</li> </ul>	<ul style="list-style-type: none"> <li>Explore and implement medical TPA programs, such as tiered pricing for lab services, high cost radiology UM* and other medical and Rx UM programs, where necessary</li> <li>Explore avenues for building "culture of health" statewide</li> <li>Continuation of education of GHIP members on the importance of preventive care and the State's preventive care benefits (covered at 100% in-network)</li> <li>Continuation of education of GHIP members on lower cost alternatives to seek care outside of the emergency room (i.e., telemedicine, urgent care centers, retail clinics)</li> <li>Continuation of the evaluation of feasibility of reducing plan options and/or replacing copays with coinsurance—based on emerging market and value-based design*</li> </ul>	<ul style="list-style-type: none"> <li>Explore and implement medical TPA programs, such as tiered pricing for lab services, high cost radiology UM* and other medical and Rx UM programs, where necessary</li> <li>Continuation of education of GHIP members on the importance of preventive care and the State's preventive care benefits (covered at 100% in-network)</li> <li>Continuation of education of GHIP members on lower cost alternatives to seek care outside of the emergency room (i.e., telemedicine, urgent care centers, retail clinics)</li> <li>Continuation of the evaluation of feasibility of reducing plan options and/or replacing copays with coinsurance—based on emerging market and value-based design*</li> </ul>
GHIP membership enrollment in a consumer-driven or value-based plan exceeding 25% of total population by end of FY2020	<ul style="list-style-type: none"> <li>Launch healthcare consumerism website</li> <li>Roll out and promote SBO consumerism class to GHIP participants</li> <li>Evaluate recommendations for creative ways to drive engagement and participation in consumer driven health plans via medical TPA RFP through leveraging vendor tools and technologies</li> </ul>	<ul style="list-style-type: none"> <li>Offer a medical plan selection decision support tool (e.g., Truven's "My Benefits Mentor" tool)</li> <li>Promote cost transparency tools available through medical TPA(s)</li> <li>Evaluate feasibility of offering incentives for engaging in wellness activities</li> </ul>	<ul style="list-style-type: none"> <li>Change medical plan designs and employee/retiree contributions to further differentiate plan options*</li> <li>Change the number of medical plans offered*</li> </ul>

\*May require changes to the Delaware Code

★ Denotes activity through TPA RFP process

Recent Considerations  
Site-of-Care Steerage  
Centers of Excellence  
Reference-Based Pricing

Ongoing/Future Considerations  
Further penetration of value-based plans and networks  
Plan option evaluation (HSA consideration)  
Primary care access and utilization  
Third party vendor health and engagement tools

<sup>1</sup>Reduction of medical trend, penetration into value-based care delivery space and increased enrollment in consumer and value-driven plans